



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN -9 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204061	Inv. #127191	DATE OF INSPECTION 05-31-09
LOCATION OF INSTRUMENT (STREET AND CITY) 710 South Kingshighway, Perryville, MO 63775		TIME OF INSPECTION 0954

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.1 C	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 .099	TEST 2 .099	TEST 3 .098
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)											
<input type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)											
REFUSALS	0	(0-.04)	1	(.05-.09)	2	(.10-.14)	0	(.15-.19)	3	(Over .19)	2

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument operating within MODHSS specifications.

.10 Solution Guth Laboratories Lot # 08340 Expiration Date - 10/15/2009 Bottle #1228

INSPECTING OFFICER

SIGNATURE 	PRINT NAME James R. Sauer
TYPE II PERMIT NUMBER/EXPIRATION DATE 920089 04/22/2011	TELEPHONE NUMBER (636) 300-2800



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BAC DataMaster Evidence Ticket

ARREST TIME: 03:46
SUBJECT NAME:

DOB: 11/11/11 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:

OFFICER I.D.: 745
TESTING OFFICER:

OFFICER I.D.: 745
PERMIT NUMBER: 920082
EXPIRATION DATE: 04-22-11
MISCELLANEOUS DATA:

 BKECHH April 1913

ALPHIC TEST
INTERNAL STANDARD
RADIO INTERFERENCE
VERIFIED
10:05
10:10

Operator Signature _____

[Handwritten signature]

2206-02

BAC DataMaster Evidence Ticket

TESTING OFFICER:
SPAUER/JAMES

OFFICER I.D.: 745
PERMIT NUMBER: 920039
EXPIRATION DATE: 04/22/11
MISCELLANEOUS DATA:

--- SUPPLEMENT NOTE ---

BLANK TEST	.000	10:03
INTERNAL STANDARD	VERIFIED	10:03
EXTERNAL STANDARD	.099	10:04
BLANK TEST	.000	10:04
EXTERNAL STANDARD	.099	10:05
BLANK TEST	.000	10:05
EXTERNAL STANDARD	.099	10:05
BLANK TEST	.000	10:06

$$\frac{\sin \theta}{\sin \phi} = \frac{1}{0.9386}$$

Operator Signature

[Handwritten signature]

2208-03

BAC DataMaster
Evidence Ticket

52:54

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY

HEATER:
SAMPLE CHAMBER:
50°C

FLUID DETECTION: OKAY

**PUMP
HIGH SPEED;
OILY**

DETECTOR; JCRH-

2015

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CHLIEBERT LUN:	OKPA
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PRINTER TEST

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i #52% (0) *+,-./0123456789:;@<>?AaBbCcDdEeFfGg
HhIiJjKkLlMmNnOoPpQqRrSsTtUuVvWwXxYyZz[\]^_`
a b c d e f g h i j k l m n o p q r s t u v w x y z { | } ~

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Operator Signature

[Handwritten signature]

2206

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JAMES R. SAUER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/22/09
Number 920089
Expires 04/22/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)